

Department of Health and Human Services

Assertive Community Treatment (ACT) Self-Fidelity Response

CMHC:	Monadnock Family Services (MFS)
DHHS Response Date:	12/1/2016 2nd response 1/24/17

Executive Summary:

Thank you for this initial ACT Fidelity Report submission and your ongoing efforts to provide high quality services to consumers with psychiatric disabilities.

The Bureau of Mental Health Services unfortunately was unable to complete its' review of this report, as many ratings were not accompanied by specific information about the ACT team to substantiate the rating. We provided preliminary comments in the first section to help you see how the review needs to be updated. Please re-evaluate fidelity items if necessary, provide a substantiation for each rating in the comment section of each item. Please refer to the guidelines and formulas found in the *Evaluating your Program* document, pages 39-54, in the ACT EBP Kit for guidance on how to rate each item. For example, for item H1, indicate in the comments section what the Staff:Consumer ratio has been on average for the past 3 months. If it was 10:1, as indicated in your executive summary, the rating would be 5. For another example, item H2, indicate in the comments section the proportion of consumers who met with 2 or more providers in the past 2 weeks based on your chart reviews, then rate the team accordingly.

Once you have updated your review, please update the ACT Self Fidelity report with the necessary clarifications, details, and formulas/computations to substantiate the item scores. Additionally, please update the "Areas of Focus" section with action steps and time-lines for achieving target goals. We recommend that this section should prioritize scale items that were rated 3 or less. Your prioritized "Areas of Focus" will provide a basis for any technical assistance and follow-up activities that we may be collaborating on with you.

Please submit an updated Fidelity Review to Michele Harlan by December 16, 2016.

Thank you for your 2nd response on 12/2016 with an updated, corrected and amended CMHC ACT Fidelity Report originally dated 11/2016. Upon review we have determined that MFS is reasonably in compliance with the purpose and intent of the ACT self-fidelity process. We have updated the DHHS response herein accordingly.

Several Fidelity items need additional review to ensure that they were assessed and rated as intended by the toolkit. The final score cannot be confirmed at this point due to these items

The Areas of Focus section in your 12/2016 report is acceptable and addresses the lowest scoring items, however the plan still lacks concrete action steps and target timelines linked back to the scale items. Also we recommend that you prioritize the elements that MFS will focus on for improvement. For example, you might include action steps and prioritize as follows:

1. *Co-Occurring Disorders Group. ACT Leader will develop and offer a co-occurring disorder group focused on engagement and preparation for change for ACT participants before March 1st 2017.*

These prioritized Areas of Focus will be the basis for any technical assistance and follow-up activities with BMHS.

This CMHC self-review resulted in an Implementation rating of:		Good GOOD IMPLEMENTATION	
Out of a possible 140 points the CMHC reported a score of:		119 Updated score: 118	
DHHS Response:		CMHC is in Compliance	
	X	No further action needed	XX Resubmit: yes Address items:
		Score Range	Implementation Rating
		113 – 140	Good Implementation
		85 – 112	Fair Implementation
		84 and below	Not Assertive Community Treatment

Human Resources: Structure and Composition

H1 Small caseload: Consumer/provider ratio = 10:1		Rating = 4 out of 5 Rating = 5 out of 5
DHHS Response:	Agree (Preliminary) – Include the actual ratio result and computations in response to this item. AGREE	
H2 Team approach: Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers		Rating = 4 out of 5 Rating = 4 out of 5
DHHS Response:	Not Assessed – Provide the computed % of ACT consumers with more than one staff in a two week period. AGREE	
H3 Program meeting: Meets often to plan and review services for each consumer		Rating = 4 out of 5 Rating = 4 out of 5
DHHS Response:	Agree AGREE	

H4 Practicing ACT leader: Supervisor of Frontline ACT team members provides direct services		Rating = 5 out of 5 Rating = 5 out of 5
DHHS Response:	Agree AGREE	

H5 Continuity of staffing: Keeps same staffing over time		Rating = 5 out of 5 Rating = 5 out of 5
DHHS Response:	Agree (Preliminary) – Include the actual turnover result and computations from the toolkit in response to this item. AGREE	

H6 Staff capacity: Operates at full staffing		Rating = 4 out of 5 Rating = 4 out of 5
DHHS Response:	Agree (Preliminary) - Include the actual staff capacity result and computations from the toolkit in response to this item. This item addresses whether your team has been operating at its full, intended capacity (e.g., did you lose a staff person and have to operate without the position for a time). Reviewers would calculate the vacancy rate for the team. A 4 indicates that the team operated at 80-95% capacity, but the text did not indicate vacancy rate and suggests that the reviewer did not understand this item. Please make sure you have scored this item as intended. At this point, DHHS cannot confirm this rating.	

H7 Psychiatrist on team: At least 1 full-time psychiatrist for 100 consumers works with program		Rating = 4 out of 5 Rating = 4 out of 5
DHHS Response:	Agree - Include the actual result and computations from the toolkit in response to this item. Based on the last data report (9/2016) available the result is Psychiatry result is 0.89 per 100 for MFS. Agree	

H8 Nurse on team: At least 2 full-time nurses assigned for a 100-consumer program		Rating = 3 out of 5 Rating = 2 out of 5
DHHS Response:	Disagree – Include the actual result and computations from the toolkit in response to this item. Based of the last data (9/2016) available the MFS ACT RN rate per 100 is 0.7 and that is a score of 2. AGREE	

H9 Substance abuse specialist on team: A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment		Rating = 5 out of 5 Rating = 5 out of 5
DHHS Response:	Agree - Include the actual result and computations from the toolkit in response to this item. Based on the last data (9/2016) available the MFS SA ACT rate per 100 is 4.66. AGREE	

H10 Vocational specialist on team: At least 2 team members with 1 year training/experience in vocational rehabilitation and support		Rating = 3 out of 5 Rating = 3 out of 5
DHHS Response:	Agree – Include the actual result and computations from the toolkit in response to this item. Based on the last data (9/2016) available the MFS SE ACT rate per 100 is 1.37. AGREE	

H11 Program size: Of sufficient absolute size to consistently provide necessary staffing diversity and coverage		Rating = 5 out of 5 Rating = 3 out of 5
DHHS Response:	Disagree - Include the actual result and computations from the toolkit in response to this item. Based on the last data (9/2016) available, the MFS ACT program staff size is 7.25 and that is equivalent to a score of 4. Agree	

Organizational Boundaries

01 Explicit admission criteria: Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	Rating = 4 out of 5
DHHS Response:	AGREE

02 Intake rate: Takes consumers in at a low rate to maintain a stable service environment.	Rating = 5 out of 5
DHHS Response:	AGREE - Please note that up to 6 intakes/month is “Good Implementation” on this aspect of ACT. The team can increase the intake rate to 3- 6 per month to expand the team while maintaining high fidelity.

03 Full responsibility for treatment services: In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	Rating = 5 out of 5
DHHS Response:	AGREE

04 Responsibility for crisis services: Has 24-hour responsibility for covering psychiatric crises.	Rating = 5 out of 5
DHHS Response:	AGREE

05 Responsibility for hospital admissions: Is involved in hospital admissions.	Rating = 5 out of 5
DHHS Response:	AGREE

06 Responsibility for hospital discharge planning: Is involved in planning for hospital discharges.	Rating = 5 out of 5
DHHS Response:	AGREE

07 Time-unlimited services (graduation rate): Rarely closes cases but remains the point of contact for all consumers as needed.	Rating = 5 out of 5
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DHHS Response:	AGREE
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Nature of Services

S1 Community-based services: Works to monitor status, develop community living skills in community rather than in office.	Rating = 5 out of 5
DHHS Response:	AGREE

S2 No dropout policy: Retains high percentage of consumers.	Rating = 5 out of 5
DHHS Response:	AGREE

S3 Assertive engagement mechanisms: As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available.	Rating = 5 out of 5
DHHS Response:	AGREE

S4 Intensity of service: High total amount of service time, as needed.	Rating = 4 out of 5
DHHS Response:	AGREE Please note that the analysis of Phoenix encounter data for July-September 2016 showed that clients tracked in the ACT cost center averaged 70 minutes per week, a number somewhat lower than the average of 86 minutes MFS reported. It is possible that the chart review included consumers who received a higher intensity of service.

S5 Frequency of contact: High number of service contacts, as needed.	Rating = 4 out of 5
DHHS Response:	AGREE Please note that the analysis of Phoenix encounter data for July-September 2016 showed that clients tracked in the ACT cost center averaged 2.4 encounters per week, a number lower than the average of 3.1 encounters MFS reported. It is possible that the chart review included consumers who received a higher frequency

	of service.
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S6 Work with informal support system: With or without consumer present, provides support and skills for consumer's support network: family, landlords, employers.	Rating = 4 out of 5
DHHS Response:	The calculation provided is not clear. Please review and make sure this item was rated correctly. At this point, DHHS cannot confirm this rating.

S7 Individualized substance abuse treatment: 1 or more team members provides direct treatment and substance abuse treatment for consumers with substance-use disorders.	Rating = 4 out of 5
DHHS Response:	The text contains conflicting statements on the length of SUD treatment sessions. If the sessions are 40 minutes, a rating of 4 is warranted, if the sessions are 45 minutes, a rating of 5 is warranted. Please review and clarify correct rating.

S8 Co-Occurring disorder treatment groups: Uses group modalities as treatment strategy for consumers with substance-use disorders.	Rating = 1 out of 5
DHHS Response:	AGREE

S9 Dual Disorders (DD) Model: Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.	Rating = 3 out of 5
DHHS Response:	AGREE

S10 Role of consumers on team: Consumers involved as team members providing direct services.	Rating = 3 out of 5
DHHS Response:	AGREE